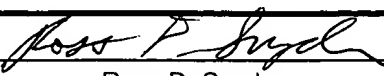


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Effective on 10/01/2004. Patent fees are subject to annual revision.		Complete if Known	
FEE TRANSMITTAL For FY 2005 DEC 17 2004		Application Number	09/625,586
		Filing Date	07-26-2000
		First Named Inventor	Jason T. Sterne, et al.
		Examiner Name	Odland, David E.
		Art Unit	2662
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	1400.4100291
TOTAL AMOUNT OF PAYMENT		(\$) 110.00	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																													
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order		2. EXTRA CLAIM FEES																																																													
<input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None		<table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>18</td><td>9</td></tr><tr><td>Each independent claim over 3</td><td>88</td><td>44</td></tr><tr><td>Multiple dependent claims</td><td>300</td><td>150</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>18</td><td>9</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>88</td><td>44</td></tr><tr><td>Total Claims</td><td>Extra Claims</td><td>Fee (\$)</td><td>Fee Paid (\$)</td><td></td></tr><tr><td colspan="5">- 20 or HP = _____ x _____ = _____</td></tr><tr><td colspan="5">HP = highest number of total claims paid for, if greater than 20</td></tr><tr><td>Indep. Claims</td><td>Extra Claims</td><td>Fee (\$)</td><td>Fee Paid (\$)</td><td></td></tr><tr><td colspan="5">- 3 or HP = _____ x _____ = _____</td></tr><tr><td colspan="5">HP = highest number of independent claims paid for, if greater than 3</td></tr><tr><td>Multiple Dependent Claims</td><td>Fee (\$)</td><td>Fee Paid (\$)</td><td colspan="2"></td></tr><tr><td colspan="5">Subtotal (2) \$ _____</td></tr></tbody></table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		- 20 or HP = _____ x _____ = _____					HP = highest number of total claims paid for, if greater than 20					Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		- 3 or HP = _____ x _____ = _____					HP = highest number of independent claims paid for, if greater than 3					Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)			Subtotal (2) \$ _____				
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Deposit Account Number: 50-1566		3. OTHER FEES																																																													
Deposit Account Name: Ross D. Snyder & Associates, Inc.		<table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>1-month extension of time</td><td>110</td><td>55</td><td>110.00</td></tr><tr><td>2-month extension of time</td><td>430</td><td>215</td><td></td></tr><tr><td>3-month extension of time</td><td>980</td><td>490</td><td></td></tr><tr><td>4-month extension of time</td><td>1,530</td><td>765</td><td></td></tr><tr><td>5-month extension of time</td><td>2,080</td><td>1,040</td><td></td></tr><tr><td>Information disclosure stmt. fee</td><td>180</td><td>180</td><td></td></tr><tr><td>37 CFR 1.17(q) processing fee</td><td>50</td><td>50</td><td></td></tr><tr><td>Non-English specification</td><td>130</td><td>130</td><td></td></tr><tr><td>Notice of Appeal</td><td>340</td><td>170</td><td></td></tr><tr><td>Filing a brief in support of appeal</td><td>340</td><td>170</td><td></td></tr><tr><td>Request for oral hearing</td><td>300</td><td>150</td><td></td></tr><tr><td>Other:</td><td></td><td></td><td></td></tr><tr><td colspan="4">Subtotal (3) \$ 110.00</td></tr></tbody></table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	1-month extension of time	110	55	110.00	2-month extension of time	430	215		3-month extension of time	980	490		4-month extension of time	1,530	765		5-month extension of time	2,080	1,040		Information disclosure stmt. fee	180	180		37 CFR 1.17(q) processing fee	50	50		Non-English specification	130	130		Notice of Appeal	340	170		Filing a brief in support of appeal	340	170		Request for oral hearing	300	150		Other:				Subtotal (3) \$ 110.00					
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The Director is hereby authorized to: (check all that apply)																																																															
<input checked="" type="checkbox"/> Charge fee(s) indicated below																																																															
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to the above-identified deposit account.																																																															
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WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																																																															
FEE CALCULATION																																																															
1. BASIC FILING FEE																																																															
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)																																																												
Utility Filing Fee	790	395																																																													
Design Filing Fee	350	175																																																													
Plant Filing Fee	550	275																																																													
Reissue Filing Fee	790	395																																																													
Provisional Filing Fee	160	80																																																													
Subtotal (1) \$ _____																																																															

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	37,730
Name (Print/Type)	Ross D. Snyder	Telephone	512-347-9223
		Date	12-09-2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Jason T. Sterne, et al.

Title: MULTI-PROTOCOL SWITCH AND METHOD THEREFORE

App. No.: 09/625,586

Filed: 07-26-2000

Examiner: Odland, David E

Group Art Unit: 2662

Atty. Dkt. No. 1400.4100291

Mail Stop Amendment
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

In response to the Office action of August 9, 2004, please amend the above-identified application as follows: